

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW JERSEY
CAMDEN VICINAGE

AARON SIEGEL, JASON COOK,
JOSEPH DELUCA, NICOLE CUOZZO,
TIMOTHY VARGA, CHRISTOPHER
STAMOS, KIM HENRY, AND
ASSOCIATION OF NEW JERSEY
RIFLE AND PISTOL CLUBS, INC.,

No. 22-CV-7463 (RMB) (AMD)

Plaintiffs,

v.

MATTHEW J. PLATKIN, in his official capacity as Attorney General of the State of New Jersey; and PATRICK CALLAHAN, in his official capacity as Superintendent of the New Jersey State Police,

Defendants.

RONALD KOONS; NICHOLAS GAUDIO; JEFFREY M. MULLER; SECOND AMENDMENT FOUNDATION; FIREARMS POLICY COALITION, INC.; COALITION OF NEW JERSEY FIREARM OWNERS; and NEW JERSEY SECOND AMENDMENT SOCIETY,

Plaintiffs,

v.

WILLIAM REYNOLDS in his official capacity as the Prosecutor of Atlantic County, New Jersey; GRACE C.

No. 22-CV-7463 (RMB) (AMD)

MACAULAY in her official capacity as the Prosecutor of Camden County, New Jersey; ANNEMARIE TAGGART in her official capacity as the Prosecutor of Sussex County, New Jersey; MATTHEW J. PLATKIN, in his official capacity as Attorney General of the State of New Jersey; and PATRICK CALLAHAN, in his official capacity as Superintendent of the New Jersey State Police,
Defendants.

CERTIFICATION OF SARAH ADELMAN

Sarah Adelman, of full age, upon her oath certifies and says:

1. I am the Commissioner of the New Jersey Department of Human Services (DHS or Department). The Department's programs serve one in three New Jersey children and one in five adults, with a budget of approximately \$26 billion in state and federal funds and a staff of about 7,500.

2. I received my Bachelor of Arts summa cum laude from Rowan University and a certificate in Advanced Healthcare Leadership from Seton Hall University as a fellow in the inaugural class of the New Jersey Healthcare Executives Leadership Academy.

3. Before joining Governor Murphy's Administration, I served as Vice President at the New Jersey Association of Health Plans and Chief of Staff at the New Jersey Health Care Quality Institute. I also served on the Board of

Trustees for Samaritan Healthcare and Hospice and the Board of Directors for a statewide child abuse and neglect prevention program.

4. I joined the Department in 2018, initially serving as a Deputy Commissioner, overseeing the Division of Developmental Disabilities, Division of Aging Services, and the Division of Medical Assistance and Health Services, which operates the Medicaid/NJ FamilyCare program.

5. I have led DHS since January 2021, and was confirmed as Commissioner in March 2022. Under my leadership, the Department has helped New Jerseyans throughout the pandemic by, among other important initiatives, protecting health coverage for more than 2 million residents, and continuing to enhance mental health and addiction services.

6. As DHS Commissioner, I have personal knowledge of the material facts of this Certification.

Facilities that provide mental health or addiction support services

7. Pertinent to this litigation, the Department's Division of Mental Health and Addiction Services (DMHAS) oversees New Jersey's adult system of community-based behavioral health services. DMHAS regulates private agencies that provide a full array of services including but not limited to: outpatient and intensive outpatient mental health and addictions services, partial care and partial hospitalization, medication assisted treatment for substance

abuse, and long- and short-term mental health and substance abuse residential services.

8. Some of the individuals served in behavioral health settings have experienced past trauma and high rates of exposure to firearm violence, whether as witnesses or victims. Behavioral health providers are expected to provide treatment and services for these individuals in settings in which these individuals feel safe.

9. Introducing the possibility of concealed firearms into behavioral health treatment settings may cause heightened anxiety and fear among those seeking and providing services. This may have deleterious effects on mental health and could lead to some individuals avoiding these settings, thereby not receiving needed treatment.

10. Additionally, some behavioral health settings provide services to individuals who are at risk of hurting themselves, others or property. The potential of concealed firearms being introduced in these settings creates a significantly greater, and potentially catastrophic, risk of self-harm and harm to others.

11. Behavioral health provider agencies conduct environmental scans to create settings that are as safe as possible for those they serve. These scans influence the type of furniture used, and remove access to ligature points (e.g.,

plumbing fixtures, doors and door hinges, air vents) to reduce the risk of harm. These careful measures would be undermined if firearms were allowed in behavioral health settings.

12. The population receiving services will be negatively impacted if firearms are allowed in these settings.

Intermediate Care Facilities for Persons with Developmental Disabilities

13. Also pertinent to this litigation, the Department's Division of Developmental Disabilities (DDD) assures the opportunity for individuals with developmental disabilities to receive quality services and supports, participate meaningfully in their communities and exercise their right to make choices.

14. DDD oversees five Intermediate Care Facilities (ICFs), known as developmental centers, with a workforce of about 4,000 employees. These ICFs provide 24/7 care to about 1,200 individuals, many of whom require specialized supports for complex medical and behavioral needs.

15. The presence of firearms in any of these settings presents additional risk to employees and persons served. Individuals residing or attending programs in these settings have varying abilities and needs. Some individuals are unable to independently transfer/ambulate, recognize danger, understand/follow directions, or self-regulate stress/anxiety without intensive staff support.

16. Certain individuals also display rule violating behavior and require constant re-direction for their safety and the safety of others. Introducing firearms into these settings would create the danger of a resident or staff person taking possession of another person's firearm (by force or accident) and causing severe harm to themselves or others. For example, in the past, a resident at New Lisbon Developmental Center had to be restrained after attempting to grab the gun of a police officer who was visiting the facility.

Skilled nursing homes and nursing homes

17. The Department's Division of Medical Assistance and Health Services (DMAHS) provides funding for Medicaid recipients at Nursing Facilities and Skilled Nursing Facilities. The Department's Division of Aging Services and DMAHS also determine eligibility for individuals who reside at these facilities, and the Medicaid program provides care management support for certain residents. Nursing Facilities and Skilled Nursing Facilities provide care for medically complex individuals who require 24-hour nursing care for rehabilitative or custodial care purposes. Residents meet the clinical criteria of being unable to perform multiple activities of daily living, often including getting out of bed and walking.

18. During an active shooter situation, many residents would be unable to shelter or evacuate. Certain residents would not have the capability to

recognize an active shooter situation or to safely carry out “shelter in place” activities.

19. Additionally, law enforcement would have a difficult time locating victims, those who need to be evacuated, and the active shooter. Many residents would not have the capability to follow officers’ instructions, alert authorities to their disabilities/medical condition, or evacuate independently. Rescuers would be put at extreme risk as evacuation efforts would be hindered.

20. Moreover, residents with acute medical needs would be put at extreme medical risk by having rescuers attempt to evacuate them without recognition of life sustaining treatment devices or medical limitations. The presence of oxygen tanks used by residents would put the entire building at extreme risk in the event of gunshots, even if accidentally discharged, as a fire could erupt if a bullet struck an oxygen tank.

21. Even the accidental discharge of a firearm could also cause confusion or panic among residents, which itself could have adverse health effects, let alone more intentional discharges.

22. In short, residents and workers in nursing homes and skilled nursing homes face a severely heightened and intolerable risk in the event of a shooting, whether accidental or intentional.

The foregoing statements are true to the best of my knowledge, information, and belief. I am aware that, if any of the statements are willfully false, I may be subject to punishment.



SARAH ADELMAN
Commissioner
NJ Department of Human Services

Dated: February 10, 2023